

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033392

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8737

STATE FILE NUMBER

FILED SEP 6 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis (8)

Length of stay in 1b

9 hour, 17 min.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITALInside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

ST. LOUIS

Inside Limits

Yes ☐ No ☐

c. CITY

OR TOWN

--- NORMANDY

d. STREET ADDRESS

(If outside, give location)

--- 7748 Springdale

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

TWIN #2

WILLIAM

Middle

BRYAN

Last

ARNOLD II

## 4. DATE OF DEATH

Month

Day

Year

Month

Day

Year

8-25-63

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-24-63

## 9. AGE (last birthday)

Newborn

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

9

17

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

---

## 11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY

United States

## 13a. FATHER'S NAME

William Bryan Arnold

## 13b. MOTHER'S MAIDEN NAME

Peggy Jean McCoy

## 14. NAME OF HUSBAND OR WIFE

---

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

---

## 17. INFORMANT

Peggy Jean Arnold, 7748 Springdale, Norman

## Address

---

## 18. CAUSE OF DEATH (Enter only one cause)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pulmonary Failure.

Prematurity

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

762.5

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT, SUICIDE, HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

8-24-63 to 8-25-63

and last saw her alive on 8-25-63

## Death occurred at

4:25 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Type or title)

William H. Davis M.D.

## 22b. ADDRESS

3121 N. Grand

## 22c. DATE SIGNED

8-26-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

8-31-63

## 23c. NAME OF CEMETERY OR CREMATORY

Anatomical Board

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Ogden 4106 Manchester

## 25. DATE RECD. BY LOCAL REG.

AUG 29 1963

## 26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1

2 4000

3

4 0

5 0

6

7 0

8 1

9

10

11

12 68-0

13

68

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.